

CMS' HCBS Quality Initiative

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National Quality Contractor

- Contract with CMS since 2001
 - Sub Contractors – HSRI (MR/DD)
- TA – over 100 Waiver Programs in 40 states
 - QMS Waiver Application (Appendix H)
 - Evidence Requests
 - PES
 - Self Direction
 - Quality Products

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CMS - Centers for Medicare and Medicaid Services

- Federal Agency
- Jointly funds Medicaid programs with the states
- State and Federal governments have joint responsibility for overseeing the quality of Medicaid programs

HCBS - Home and Community-Based Services

- Medicaid HCBS funded through "waivers"
- 1915c waivers
- Allow states to provide non-medical services/supports to persons at risk of institutionalization

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Waiver Program Facts and Figures

- Approximately 300 programs across the country
- Nearly 1 Million Individual Participants

HCBS Spending (www.hcbs.org)

- 2005: - 8% of Medicaid Spending
- 24% of Medicaid LTC Spending
- 2006: - 9% of Medicaid Spending (\$299 B)
- 26% of Medicaid LTC Spending (\$99 B)

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Rapid Growth

Waiver Expenditures:

1993	\$ 2.8 Billion
1995	\$ 4.6
1997	\$ 8.2
1999	\$11.2
2001	\$14.8
2003	\$18.9
2005	\$22.7
2006	\$25.6

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Monitoring Quality in the Waivers

- GAO Investigation and 2003 Report
 - Lack of services, weak care plans and inadequate case management
 - States not required to provide much information on Quality Management to CMS
 - Lack of CMS oversight
 - CMS not providing guidance on Quality Management to States
- State QM systems and CMS oversight must improve

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CMS' Prior Approach

- Minimal information about quality in waiver application
- Minimal annual reporting on quality (CMS 372)
- On-site reviews once every 5 years before renewal
- Review findings based on non-representative samples
- Review findings a "snap-shot in time"

Principles for CMS' HCBS Waiver Quality Initiative

- States have primary responsibility for first line monitoring to assure access, service delivery, provider qualifications, health and welfare and financial accountability
- States are responsible for providing **evidence** to CMS that they have met the waiver assurances
- Federal responsibility is to insure states are meeting the assurances – through the review of **evidence** that States provide.

Federal Assurances (6)

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State must assure that:

1. Persons enrolled in the waiver have needs consistent with an institutional level of care. (**Level of Care**)
2. Participants have a service plan that is appropriate to their need, and receive the services/supports specified in the service plan. (**Plan of Care**)
3. Waiver providers are qualified to deliver services/supports. (**Provider Qualifications**)

Federal Assurances

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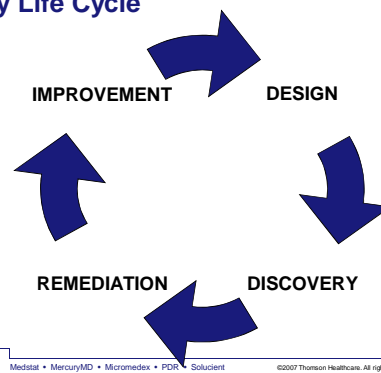
State must assure that:

4. Participants' health and welfare are safeguarded and monitored; when problems arise they are addressed. (**Health and Welfare**)
5. Claims for waiver services are paid according state payment methodologies. (**Financial Accountability**)
6. The State Medicaid agency is involved in the oversight of the waiver, and is ultimately responsible for all facets of the waiver program. (**Administrative Oversight**)

The Quality Life Cycle – "DDRI"

- **Design (prevention, discovery, remediation mechanisms)**
 - Build in mechanisms to prevent "bad things" from happening
 - Build in mechanisms to identify "bad things" as soon as they happen
 - Build in mechanisms to address problems quickly
- **Discover**
 - Execute your plan to uncover "bad things" as they happen
- **Remediate**
 - Execute your plan to address problems in a timely fashion
- **Improve**
 - Learn from what didn't work and develop strategies for re-designing the system, if necessary.

Quality Life Cycle DDRI



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CMS's New HCBS Quality Initiative

- **NEW WAIVER APPLICATION.... Front End**
 - Design of your quality management system
 - When "bad things happen" how will state know about it in a timely fashion so it can address the problem?
 - What will be done to monitor the "system" on an ongoing basis? Who will do it?
- **EVIDENCE...Yearly reporting on waiver quality to CMS – Back End**
 - New 373Q (Implementation Date TBD)
 - Reports on whether waiver is operating as intended
 - Detailed reports on whether waiver is having good outcomes
 - Detailed reports on what state did to fix problems it discovered
- **DIALOGUE... between CMS and States about quality - Ongoing**
 - Review of evidence
 - Conference calls, emails
 - On-site visits

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Evidence:

"How Do I Know?"

- * That my program is operating as intended?
- * That it is having good outcomes?

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How will you know?

- Discovery Processes
- How measure? Indicator(s)?
 - Source of information?
 - On entire population?
 - On a sample of the population?
 - How representative of the population is it?
- Frequency of report generation?
- Who will do what?
 - Collect the information
 - Aggregate the information
 - Review the information
 - Act upon the information (remediation, improvement)

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Types of Evidence: Summary reports based on a significant sample of any single or combined method or source

- Record Reviews, on-site/ off-site
- Training verification records
- On-site observations, interviews, monitoring
- Analyzed collected data (including surveys, focus group, interviews, etc)
- Trends, remediation actions proposed / taken
- Provider performance monitoring
- Operating agency performance monitoring
- Staff observation/opinion
- Participant/family observation/opinion
- Critical events and incident reports
- Mortality reviews
- Program logs and meeting minutes
- Medication administration data reports, logs
- Financial records (including expenditures and Financial audits)

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Plan of Care: Participants have a service plan that is appropriate to their need, and receive the services/supports specified in the service plan.

HOW DO I KNOW THAT

- The state monitors SP development in accordance with its policies and procedures and takes appropriate action when it identifies inadequacies in the SP development ?
- SPs are updated/revised at least annually or when warranted by changes in the waiver participant's needs?
- Services are delivered in accordance with the SP, including the type, scope, amount, duration, and frequency specified in the SP?
- Participants are afforded choice between waiver services and institutional care, and between/among waiver services and providers?

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Quality is Everyone's Job

- **Each level:**
 - Collects information on indicators
 - Aggregates information
 - Analyzes for patterns/trends
 - Reviews & analyzes previous level's trend identification, remediation, & follow-up
 - Conducts further investigation as appropriate

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